

APPLICATION-Subsurface Sewage Disposal, Page 1



Public Health
Prevent. Promote. Protect.

Idaho Public Health Districts

Permit Fee: <u>360.-</u>	Date: <u>11-21-14</u>
Document #: <u>14-09-130100</u>	
Receipt #: <u>31377</u>	(Official Use Only)

Parcel #: RPO20220030070A Acres: 1.6

Property Address (If available): SALISHAN BEACH DR City PRIEST RIVER
 Legal Description: Township 55 N. Range 4 WEST Section 2 County BONNER CO
 Subdivision: SALISHAN POINT Lot 7 Block 3
 Directions (nearest crossroad): DuPont Rd + SALISHAN POINT

Applicants Name: Rick Cooper Email: RECOOP57@GMAIL.COM
 Mailing Address: 3920 S. LONG LN Phone #: 509-990-0248
 City: Greenacres State: WA Zip Code: 99016
 Applicant is: ☒ Landowner ☐ Contractor ☐ Installer ☐ Other

Owners Name: Rick Cooper
 Mailing Address: 3920 S Long Ln Phone #: 509-990-0248
 City: Greenacres State: WA Zip Code: 99016

Type of Septic Installation: ☒ New ☐ Expansion ☐ Repair ☐ Tank Only

Proposed Usage: ☒ Residential ☐ Non-Residential ☐ Other (i.e. barn, shop, etc.)
☐ Central (more than two dwellings) ☐ Large Soil Absorption (2,500 gal/day or ten or more dwellings) # of Units: _____

Is there an existing structure on this parcel? ☐ Yes ☒ No Year Built: _____

PROPOSED
 Number of Bedrooms: (residential only) 3 Number of bathrooms: 3 1/2
 Number of People: 2 Square Footage: 2400 Garbage Disposal? ☒ Yes ☐ No
 Non-Residential Flow Design: Average: (gallons per day (gpd)) _____ Peak: (gpd) _____

Foundation Type: ☐ Basement ☒ Crawl Space ☐ Split Level ☐ Slab

Property is located: ☐ Inside City ☒ Inside County

Zoning certificate or other county documentation submitted? ☐ Yes ☒ No ☐ N/A

City sewer or central wastewater collection system 200 feet or less to structure? ☐ Yes ☒ No

Water Supply: ☒ Private Well ☒ Shared Well ☐ Public Water System, Number: _____
 (Non-Public)

SIGNATURE: [Signature] DATE: 11/21/14

By my signature above, I certify that all answers and statements on this application are true and complete to the best of my knowledge. I understand that should evaluation disclose untruthful or misleading answers, my application may be rejected or my permit canceled. I accept the responsibility to notify the Health District of any changes to the above information if performed prior to completion of the permitted system. I hereby authorize the Health District to have access to this property for the purpose of conducting a site-evaluation. I understand that this application and the subsequent permit is non-transferable between property owners and/or project sites. I understand that the application will expire one (1) year from date of purchase. The permit, when issued, may be renewed if the renewal is applied for on or before the expiration date.

APPLICATION-Subsurface Sewage Disposal, Page 2

(Page 2 for Official Use)

Parcel # : _____
Document # : _____

<u>Test Hole Data:</u>		<u>Test Hole Illustration/Location:</u>

Application Contents:

Application Complete (Page 1)	<input type="checkbox"/>	Yes	<input type="checkbox"/>	N/A
Plot Plan Submitted	<input type="checkbox"/>	Yes	<input type="checkbox"/>	N/A
Zoning Documentation Submitted	<input type="checkbox"/>	Yes	<input type="checkbox"/>	N/A
Legal Documents, Easements	<input type="checkbox"/>	Yes	<input type="checkbox"/>	N/A
O&M Documents Submitted	<input type="checkbox"/>	Yes	<input type="checkbox"/>	N/A
Building Plan Submitted	<input type="checkbox"/>	Yes	<input type="checkbox"/>	N/A
Plot Plan Approved	<input type="checkbox"/>	Yes		

Features of Concern/Observations:

Soil Type	_____
Perm Surface Water	_____
Temp Surface Water	_____
Normal Ground Water	_____
Seasonal Ground Water	_____
Rock Outcrops	_____
Limiting Layer	_____
Nearest Well(s)	_____
Slopes	_____
Scarps	_____

Non-Residential Properties:

Letter of Intended Use Submitted	<input type="checkbox"/>	Yes	<input type="checkbox"/>	N/A
Wastewater Nature Established	<input type="checkbox"/>	Yes	<input type="checkbox"/>	N/A
Wastewater Flow Calculations	<input type="checkbox"/>	Yes	<input type="checkbox"/>	N/A

Installation by: ☐ Basic Homeowner ☐ Basic Installer ☐ Complex Installer ☐ Public Works/P.E.

Installer Name: _____ Installer Number: _____

Field Notes: _____

DATE					
TRAVEL					
INSPECT					
EHS					

EHS Signature _____

EHS Code _____

Date _____



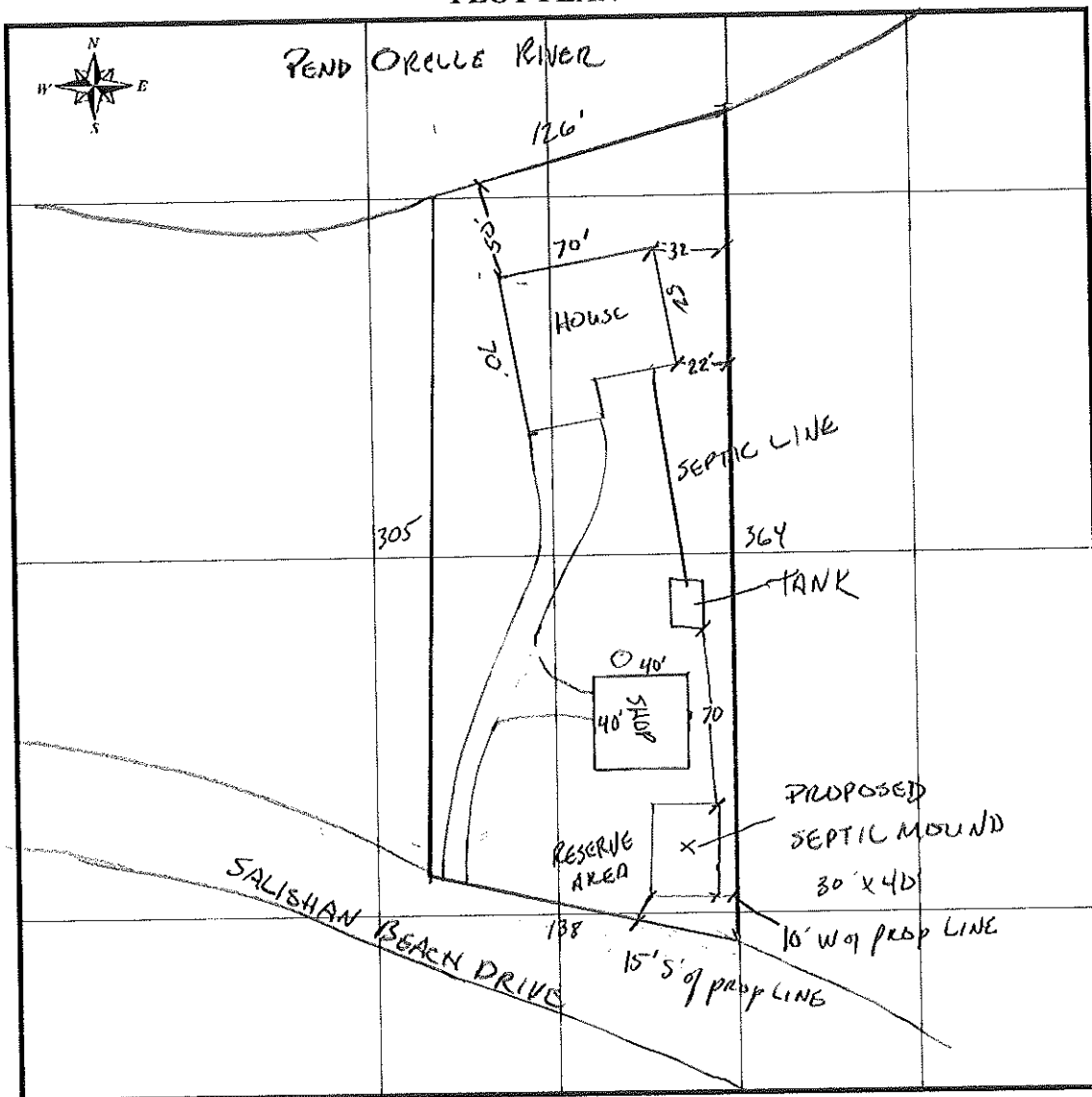
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Please draw an aerial view of the property showing the outline of buildings, property lines, well location(s), water lines, location of septic tank and drainfields, location of drainfield replacement area, ditches and streams, easements and right of ways, driveway and parking area, cut banks, and location of street or road. Indicate dimensions and separation distances of each from septic tank and drainfield.

PLOT PLAN

SCALE: 1" = 80'



SIGNATURE: _____

DATE: 11/21/14

By my signature above, I certify that all answers and statements on this application are true and complete to the best of my knowledge. I understand that should evaluation disclose untruthful or misleading answers, my application may be rejected or my permit canceled. I understand that any deviation from the plans, conditions, and specifications, is prohibited unless it is approved in advance by the Director or his designee. I hereby authorize the Health District to have access to this property for the purpose of conducting a site-evaluation.

(Official Use Only)

Plot Plan Approval Date: _____

EHS Name: _____

EHS #: _____

Revision Date: 06/22/2010



Panhandle Health District 1

322 MARION- SANDPOINT, ID 83864- (208) 265-6384

SEPTIC PROGRAM RECEIPT

Owner:

RICK COOPER
3920 S LONG LN
GREENACRES, WA 99016

Applicant:

RICK COOPER
3920 S LONG RD
GREENACRES, WA 99016

Permit Number: 14-09-130100

Parcel Number: RP020220030070A

Receipt Number: 31377

Check Number: 5089

Date	Service(s)	Charges	Payments
11/21/14	Septic Permit Application Fee	360.00	
			-360.00

Comment: Pd by Rick Cooper